

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N059017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/03/2014
NAME OF PROVIDER OR SUPPLIER ANGEL ARMS		STREET ADDRESS, CITY, STATE, ZIP CODE 1318 OAKLANE MCIPHERSON, KS 67460		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following deficiencies are the result of a Licensure Resurvey at the above named Residential Health Care Facility in McPherson, Kansas on 02/26/14, 02/27/14, and 3/03/14.	S 000		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(d) The census equalled 14 the sample included three Residents. Based on reviews of records and interviews, for one of three sampled, the Operator failed to ensure the review and if necessary revision of each negotiated service agreement, if requested by facility staff and agreed to by the Resident or the Resident's legal representative. Findings included:	S3092		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3092	<p>Continued From page 1</p> <p>- Record review revealed #189 admitted to facility 6/11/13 with diagnoses of Parkinson's, Polymyalgia, and Weakness. The 6/11/13 functional capacity screen assessed #189 as (0) independent with medication and treatment management. The 6/11/13 negotiated service agreement documented #189 to receive "medication management." The 6/11/13 Resident Service Plan documented: "Meds will be in room with him/her, he/she will have mediset done weekly by Home Health nurse, staff to monitor compliance, patient will give up responsibility if errors occur. A Self Administration Assessment of 6/11/13 documented "fully capable" on all assessment topics, and a note at the bottoms stated "he/she will administer meds he/she desires to."</p> <p>By interview on 02/27/14 at 12:44pm, Operator/RN (registered nurse) stated #189 no longer self administers all medications from a mediset... #189 self administers four medications (Sinemet, Segilene, Mucinex, and Triple antibiotic ointment, facility staff administers all remaining medications... #189 routinely had multiple medication changes... physician suggested staff management of medications, family, Resident, and staff agreed after hospital stay in October, would be better for staff to administer medications... Operator/RN confirmed the NSA/Health Service Plan not revised or changed to reflect this change in services... started after hospital discharge on 10/29/13...</p> <p>The Operator failed to ensure the revision of #189's negotiated service agreement following a change in medication management services, after a hospital discharge on 10/29/13.</p>	S3092		